

PATENT



(Docket No. MB-1-CIP)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Michael J. Bleau

Serial No.: 10/761,793

Filed: January 20, 2004

For: "NOVEL EYEWEAR"

Group Art Unit: 2873

Examiner: Huang Xuan Dang

PETITION FOR A THREE-MONTH EXTENSION OF TIME

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

The shortened period for filing a response to the Office Action mailed September 20, 2004 in the above-identified patent application was due to expire on March 21, 2005. Accordingly, a three-month extension of time for filing a response is respectfully requested. A check including the required fee of \$510.00 is enclosed in connection with this petition.

Respectfully submitted,

Fernando A. Borrego
Reg. No. 34,780
(734) 324-6193

1/09/2005 MAHME2 00000012 10761793

2 FC:2253 510.00 OP

Adjustment date: 11/07/2005 AKELLEY

09/09/2005-MAHME2-00000012-10761793

02 FC:2253 -510.00 OP

Refund Ref:
11/07/2005 AKELLEY 0000148541

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CHECK Refund Total: \$510.00



CERTIFICATE OF MAILING

I hereby certify that this paper or fee is being deposited with the United States Postal Service as First Class Mail, postage prepaid, in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on **September 2, 2005**.

Fernando Borrego

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>11-7-04</u>		2 Serial/Patent # <u>10/761,793</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED								
		6 AMOUNT									
<input type="checkbox"/>	Filing		\$								
<input type="checkbox"/>	Amendment		\$								
<input checked="" type="checkbox"/>	Extension of Time		9-8-05 \$ 510								
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		7 TOTAL AMOUNT OF REFUND									
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10 REASON:		8 TO BE REFUNDED BY:									
		<input checked="" type="checkbox"/> Treasury Check									
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:									
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									
<input type="checkbox"/>	No Fee Due (Explanation):										
<u>EOT pd. after 6-months statutory period.</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Retta Williams</u>		TITLE: <u>Paralegal</u>									
SIGNATURE: <u>Retta Williams</u>		PHONE: <u>2-3229</u>									
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APPROVED: <u>[Signature]</u>		DATE: <u>11/7/05</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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